

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/519953

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	—					
5	3					
6	3					
7	3					
8	—					
9	—					
10	—					
11	—					
12	—					
13	—					
14	—					
15	3					
16	3					
17	—					
18	—					
19	3					
20	3					
21	3					
22	3					
23	1					
24	—					
25	—					
26	—					
27	—					
28	1					
29	—					
30	3					
31	3					
32	—					
33	3					
34	—					
35	3					
36	3					
37	1					
38	—					
39	—					
40	—					
41	—					
42	—					
43	—					
44	—					
45	—					
46	—					
47	—					
48	—					
49	—					
50	—					
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	39		←		←	←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						